

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>					1. REQUISITION NUMBER		PAGE 1 OF 5					
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER <b>FA9302-17-R-L016</b>		6. SOLICITATION ISSUE DATE <b>31 MAR 2017</b>				
7. FOR SOLICITATION INFORMATION CALL:		a. NAME <b>MONIKA B. MASEI</b>				b. TELEPHONE NUMBER (No collect calls) (661) 277-7708		8. OFFER DUE DATE/ LOCAL TIME <b>14 APR 2017/3:00 PST</b>				
9. ISSUED BY <b>AFTC/PZIEB</b> CODE <b>FA9302</b>  DIRECTORATE OF CONTRACTING 5 SOUTH WOLFE AVE, BLDG 2800 EDWARDS AFB CA 93524-1185 MONIKA B. MASEI (661) 277-7708 monika.masei@us.af.mil					10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> 8(A) <input type="checkbox"/> SERVICE DISABLED VET SB NAICS: 611512 SIZE STANDARD: 27500000		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE  <input checked="" type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING <b>N</b> 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP		12. DISCOUNT TERMS			
15. DELIVER TO CODE <b>SEE SF1449 Continuation</b>					16. ADMINISTERED BY CODE							
17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE  TELEPHONE NO.					18a. PAYMENT WILL BE MADE BY CODE							
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER					18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM							
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY		22. UNIT		23. UNIT PRICE		24. AMOUNT	
		<b>See SF1449 Continuation</b> <i>(Attach Additional Sheets as Necessary)</i>										
25. ACCOUNTING AND APPROPRIATION DATA							26. TOTAL AWARD AMOUNT (For Govt. Use Only)					
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.												
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.												
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.					29. AWARD OF CONTRACT: REF. ____ OFFER DATED ____, YOUR OFFER ON SOLICITATION (BLOCK 5) ____ INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: SEE CONTINUATION.							
30a. SIGNATURE OF OFFEROR/CONTRACTOR					31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)							
30b. NAME AND TITLE OF SIGNER (Type or print)			30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)				31c. DATE SIGNED			
32a. QUANTITY IN COLUMN 21 HAS BEEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED _____												
32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					32c. DATE		32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE							32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
							32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
33. SHIP NUMBER		34. VOUCHER NUMBER		35. AMT VERIFIED CORRECT FOR		36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			37. CHECK NUMBER			
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL												
38. S/R ACCT NUMBER		39. S/R VOUCHER NUMBER		40. PAID BY								
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT					42a. RECEIVED BY (Print)							
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				41c. DATE		42b. RECEIVED AT (Location)						
					42c. DATE REC'D (YY/MMM/DD)			42d. TOTAL CONTAINERS				

ITEM	SUPPLIES OR SERVICES	Qty Purch Unit	Unit Price Total Item Amount
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**PILOT/INSTRUCTOR****0001**

*Noun:* PILOT/INSTRUCTOR  
*PSC:*  
*Contract type:* J - FIRM FIXED PRICE  
*Start Date:* 24 APR 2017  
*Completion Date:* 30 JUN 2017  
*Descriptive Data:*

Contractor shall provide classroom & in-flight instruction in accordance with Performance Work Statement (PWS) - Attachment 1

Pilot/Instructor rate will be in accordance with the Pricing Schedule (Exhibit A)

**MAINTENANCE PERSONNEL/GROUND CREW****0002**

*Noun:* MAINTENANCE PERSONNEL/GROUND CREW  
*PSC:*  
*Contract type:* J - FIRM FIXED PRICE  
*Start Date:* 24 APR 2017  
*Completion Date:* 30 JUN 2017  
*Descriptive Data:*

Contractor shall provide Maintenance/Ground Crew, with the qualifications as listed in the PWS (attachment 1); to ensure the aircraft can perform safely and as required in the accordance with the requirements of the PWS

Maintenance/Ground Crew rate will be in accordance with the Pricing Schedule (Exhibit A)

ITEM	SUPPLIES OR SERVICES	Qty Purch Unit	Unit Price Total Item Amount
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**QUAL EVAL SORTIES****0003***Noun:* QUAL EVAL SORTIES*PSC:**Contract type:* J - FIRM FIXED PRICE*Start Date:* 24 APR 2017*Completion Date:* 30 JUN 2017*Descriptive Data:*

Contractor shall provide Airborne Sensor Platform sorties in accordance with the PWS (Attachment 1)

Sortie rate will be in accordance with the Pricing Schedule (Exhibit A)

**AIRCRAFT FERRY****0004***Noun:* AIRCRAFT FERRY*PSC:**Contract type:* J - FIRM FIXED PRICE*Start Date:* 24 APR 2017*Completion Date:* 30 JUN 2017*Descriptive Data:*

Contractor shall provide an Airborne Sensor Platform aircraft to Edwards AFB TPS in accordance with the PWS - Attachment 1

Ferry rate will be in accordance with the Pricing Schedule (Exhibit A)

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ITEM	SUPPLIES OR SERVICES	Qty Purch Unit	Unit Price Total Item Amount
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**WEEKEND/STANDBY RATE****0005***Noun:* WEEKEND/STANDBY RATE*PSC:**Contract type:* J - FIRM FIXED PRICE*Start Date:* 24 APR 2017*Completion Date:* 30 JUN 2017*Descriptive Data:*

Contractor shall be authorized a weekend/standby rate. This is a "no fly" rate and will be used for weekend and/or holidays as necessary.

Weekend/Standby rate will be in accordance with the Pricing Schedule (Exhibit A)

DOCUMENT	PGS	DATE	TITLE
EXHIBIT A	1	31 MAR 2017	PRICING SCHEDULE
ATTACHMENT 1	20	30 MAR 2017	PWS
ATTACHMENT 2	3	30 MAR 2017	TECHNICAL EVALUATION
ATTACHMENT 3	9	31 MAR 2017	CLAUSES AND PROVISIONS